



**Town of Effingham  
Historic District Commission  
Certificate of Approval**

Owner/Applicant Name: \_\_\_\_\_

Project Location: Tax Map #: \_\_\_\_\_ Lot #: \_\_\_\_\_ District: \_\_\_\_\_

Project Location Street Address: \_\_\_\_\_

After review of the Application for Certificate of Approval submitted by the above named Owner/Applicant, the proposed work, as described in the application, and summarized as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

is approved, subject to the following restrictions and/or conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman

Date: \_\_\_\_\_

Cc: Zoning Enforcement Officer

**Note:** Any decision of the Commission may be appealed to the Effingham Zoning Board of Adjustment (RSA 677:17). Such an appeal must be filed within 65 calendar days of the decision per ZBA Rules of Procedure (RSA 676:5)